



School Based Child and Family Support Team Referral Form

Instructions: Please print and complete this form for youth who appear to be at-risk of school failure or out-of-home placement due to physical, social, legal, emotional, and/or developmental reasons. Send it to the Child and Family Support Team listed below.

Student's Name: _____ Grade: _____ DOB: _____
Student ID# _____ Current School: _____
Name of parent/guardian (specify relationship): _____
Address: _____ Phone(s): _____

Referring person: _____ Title/agency: _____ Date: ____/____/____
Phone number(s): _____ Email address: _____
Referring person's relationship to the student: _____
Has the parent or guardian of this student been notified of this referral? Yes _____ No _____

List *strengths* of student and family (Attach additional sheets if necessary):

Please check the factors or characteristics that apply to this student:

1. Academic factors

- | | | |
|---|---|---|
| <input type="checkbox"/> Retained one or more years | <input type="checkbox"/> EOC/EOG (score <3) | <input type="checkbox"/> Exceptional Children's Status Category _____ |
| <input type="checkbox"/> Failed 2+ subjects (recent semester) | <input type="checkbox"/> Referred to Student Support | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sudden drop in grades | <input type="checkbox"/> English as a Second Language | |

2. Attendance

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Excessive absences | <input type="checkbox"/> Frequently skips class | <input type="checkbox"/> Suspensions |
| <input type="checkbox"/> Excessive tardies | <input type="checkbox"/> Frequently leaves school early | <input type="checkbox"/> Other _____ |

3. Social interactions

- | | | |
|--|---|--|
| <input type="checkbox"/> Displays aggression, bullying, anti-social behavior | <input type="checkbox"/> Suspended from school for disciplinary reasons | <input type="checkbox"/> Lacks social skills; difficulty with peer relationships |
| <input type="checkbox"/> Displays inappropriate, attention-getting behavior | <input type="checkbox"/> Experience with bullying as victim | <input type="checkbox"/> Suspected gang involvement |
| <input type="checkbox"/> Involved in delinquent activities | <input type="checkbox"/> Withdrawn/Change in Behavior | <input type="checkbox"/> Other _____ |

4. Potential identified health and human services needs

- | | | |
|---|--|--|
| <input type="checkbox"/> History of abuse/neglect/dependency or domestic violence | <input type="checkbox"/> Mental health concerns | <input type="checkbox"/> Prior or current DSS non-CPS related referral |
| <input type="checkbox"/> Suspected alcohol, substance use/abuse | <input type="checkbox"/> Developmental issues | <input type="checkbox"/> Frequent Moves |
| <input type="checkbox"/> Pregnant/parenting | <input type="checkbox"/> Family income too low to provide basic necessities | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Sibling has dropped out of school or is teen parent | <input type="checkbox"/> Homeless |
| | | <input type="checkbox"/> Other _____ |

Please provide more information on page 2.

Send Forms to:

Mailing Address:

Phone Number:



Describe education, health or human services the student and/or family are currently receiving or have received in the past and list outcomes.

Please describe the main reason this student is being referred, the strengths of the child and family and provide any additional comments:

[illegible]

Team Leaders signature:_____ **Date:**_____